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PATENT APPLICATION FEE DETERMINATION RECORD Efféctive October 1, 2003

Application or Docket Number

10689834

j	CLAINS AS FILED - PART ((Column 1) (Column 2)							••	SMALL ENTITY TYPE		OTHER THAN SMALL ENTITY		\cdot
	TOTAL CLAIM	T	15				RATE	FEE	۳,	RATE	FEE	┨.	
#	FOR		NUMBER FILED.		NUMBER EXTRA		T	BASIC FE	+	OB	BASIC FEE	 	†
	TOTAL CHARGE	15 m	15 minus 20= *				X\$ 9=		OR	·X\$18=	· ·	1	
	NDEPĖNOĖNT (% minus 3 = *		* 5	5		X43=	1	OR	1	430	1	
	MULTIPLE DEPE	ENDENT CLAIM F	PRÉSENT	ESENT				+145=	 	1		170	1
	If the difference	e in column 1 is	less than z	ess than zero, enter "0" i			•	TOTAL	 	OR OR		1200	┨
1	//// CLAIMS AS AMENDED - PART II							OTHER THAN					
-	179706	(Column 1)	·	(Column_2)_ (Column_1)_ (Column_2)_			1	SMALL	ENTITY	OR	SMALL	ENTITY	1
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT . EXTRA		RATE	ADDI- TIONAL FEE		RATE (. ADDI- TIONAL FEE	
	Total	: 26	Minus	" 2	-0	· 6		X\$_9=		OR	X\$18=	300	
	Independent	TATION OF M	Minus	##	CLAIM	= /		X43=		OR	786=	200	
L	1	3:		LIVOLIVI	OCALINI			+145=		OR	+290=		
		4			٠.	•		TOTAL		OR	TOTAL ADDIT. FEE	500	
AMENDMENT B		CLAIMS REMAINING AFTER		HIGHE NUMBI PREVIOU	ER JSLY '	PRESENT EXTRA		RATE	ADDI- TIONAL		·RATE	ADDI- TIONAL	
S	Total	AMENOMENT	Minus	PAID F	JH	= .		X\$ 9=	FEE	<u> </u>	X\$18=	FEE	
MEN	Independent	• .	Minus	***		=	}		 	OR			
₹	FIRST PRESE	ILTIPLE DEP	TIPLE DEPENDENT CLAIR			-	X43=		OR	X86=			
								+145=		OR	+290=	<u> </u>	
		م	TOTAL L DOIT, FEE		OR,	TOTAL ODIT. FEEL							
		(Column 1)		(Column		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	·	RATE	ADDI: FEE		RATE	ADDI- TIONAL FEE	
×ON.	Total	4	Minus	4.		:	ſ	X\$ 9=		OR	X\$18=		
<u>.</u>	Independent	•	Winos	8-7-0-		-	╁	X43=		_	X86=		_
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
* If the entry involume 1 is less than the entry in column 2, write 101 in column 3 ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter 130 * ***If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter 130.* ***If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter 130.*													
1	The "Highest Humb	er Previously Paid	For" (Total or to	idopendenti	es the h	ghest number (ound	i in the appro	ppuate bod	n colan	m I		